AMATYC South	istration Form west Regional Co e 15 – 16, 2007	onference
Title: Dr. Mr. Ms. Mrs.		
Name:		
School:		
Preferred Mailing Address (include street, c	ity, state and zip code)	:
Telephone: ()		
Email:		
Early Registration (on or before May 15, 20 Includes conference sessions, continental b lunch on Friday	,	l Saturday, and
\$100 for AMATYC members \$140 for non-AMATYC members \$175 for conference + 1 yr AMATYC memb	pership	\$
Add \$20 late fee after May 15		\$
Guest ticket for Friday lunch: \$12 each for	guests	\$
Total amount enclosed: make checks page	yable to TexMATYC	\$
Send completed registration form and particular terms of the sender of t	ayment to:	

3200 College Park Dr. Conroe, TX 77384